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CONFIRMATION NO. 4624

<b>SERIAL NUMBER</b> 10/613,639 ✓	<b>FILING OR 371(c) DATE</b> 07/03/2003 <b>RULE</b> ✓	<b>CLASS</b> 424 ✓	<b>GROUP ART UNIT</b> 1616 ✓	<b>ATTORNEY DOCKET NO.</b> 3818.02-5
<b>APPLICANTS</b> Alan Bruce Montgomery, Medina, WA; ✓ <i>SHMA</i>				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/027,113-12/20/2001 PAT 6,660,249 which claims benefit of 60/258,423 12/27/2000 ✓ <i>SHMA</i>				
<b>** FOREIGN APPLICATIONS *****</b> NONE <i>SHMA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/01/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>SHMA</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20 16 <b>INDEPENDENT CLAIMS</b> 8 1
<b>ADDRESS</b> Hana Verny Peters, Verny, Jones & Schmitt, L.L.P. 425 Sherman Avenue Suite 230 Palo Alto, CA94306				
<b>TITLE</b> Inhalable aztreonam lysinate formulation for treatment and prevention of pulmonary bacterial infections ✓				
<b>FILING FEE RECEIVED</b> 440	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	